



Credit Card Authorization Form

Please print out and complete this authorization and return to us.
All information will remain confidential

Card Holder Name _____

Billing Address _____

Phone Number _____ Fax Number _____

Credit Card Type _____ VISA _____ Mastercard _____ Discover _____ American Express

Credit Card Number _____

Expiration Date _____ Security Code _____

Amount to Charge \$ _____ (USD)

PO# (if applicable) _____

I authorize Loudoun Communications, Inc. to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing band cardholder agreement.

Cardholder- Print Name, Sign and Date below:

Signed _____

Printed Name _____

Dated _____

Title _____

E-mail Address _____

Once signed, please return the complete form to:

Loudoun Communications, Inc.
5680 Stitcher Court
Douglasville, GA 30134

Return by Fax to: 770-948-9532 OR

Return by email to: Joann@loudouncomm.net